

216020609
99312

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 151	Agency Case No. B6-043942	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1	
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 05/19/2016		TIME OF ACCIDENT 2129	STATE USE ONLY		
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 2136	05/21/2016		
B	55	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. NW 48th St / W O - I-80		ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE	
C	4	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D	1	IF AT INTERSECTION		IF NOT AT INTERSECTION			
		NAME OF INTERSECTING ROADWAY		<input checked="" type="radio"/> FEET <input type="radio"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING	
				116.00	X	W O St	
V1/M	08	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M	01	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
E	1	R. WORK ZONE CODES	R1 3 R2 4 R3 1 R4 2	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
VEHICLE NO. 1							
F	1	DRIVER LICENSE NO.	H12574797		STATE (Of License)	NE SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE	
V1/N	1	DRIVER	DESIRE G DILLON		PHONE	4024327248	
V2/N	1	DRIVER ADDRESS	CITY, STATE, ZIP 5232 Goldenrod Cir, LINCOLN, NE 68502		DATE OF BIRTH (MM / DD / YYYY)	05/09/1979	
G	2	OWNER	DESIRE G DILLON / Roger E Morales		PHONE	4024327248	
H	2	OWNER ADDRESS	CITY, STATE, ZIP 5232 GOLDENROD CIR, LINCOLN, NE 68502		CITATION <input checked="" type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO	CITATION NO. LB498458	
V1/O	2	LICENSE PLATE	PA NO. TMK237	YEAR (Plate Expires)	2016	STATE (Of Plate) NE	
V2/O	2	VEHICLE	2014	MAKE Chevrolet	MODEL Equinox	BODY STYLE Compact Utility	
V1/O	2	VEHICLE ID NO. (VIN)	2GNALAEK8E6332995		COLOR silver / chrome	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 4500	
V2/O	2	INSURANCE COMPANY	State Farm		POLICY NO.	097 0824-D11-27B	
VEHICLE NO. 2							
I	1	DRIVER LICENSE NO.	H13414738		STATE (Of License)	NE SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE	
V1/P	1	DRIVER	ALEX R HINRICHSEN		PHONE	3085207187	
V2/P	1	DRIVER ADDRESS	CITY, STATE, ZIP 3420 APPALOOSA DR, NORTH PLATTE, NE 69101		DATE OF BIRTH (MM / DD / YYYY)	05/13/1994	
J	01	OWNER	KEITH HINRICHSEN		PHONE	3086609205	
K	01	OWNER ADDRESS	CITY, STATE, ZIP 3420 Appaloosa Dr, North Platte, NE 69101		CITATION <input checked="" type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO	CITATION NO.	
V1/Q	4	LICENSE PLATE	PA NO. 15Z89	YEAR (Plate Expires)	2016	STATE (Of Plate) NE	
V2/Q	4	VEHICLE	2012	MAKE Nissan	MODEL Altima	BODY STYLE 4 door Sedan	
V1/Q	4	VEHICLE ID NO. (VIN)	1N4AL2AP1CN489010		COLOR white	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 3500	
V2/Q	4	INSURANCE COMPANY	Progressive		POLICY NO.	15670053	
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)							
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region	
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	4 Injury Sev.	5 Trans.	SEX M F	
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region	
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	4 Injury Sev.	5 Trans.	SEX M F	
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region	
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	4 Injury Sev.	5 Trans.	SEX M F	

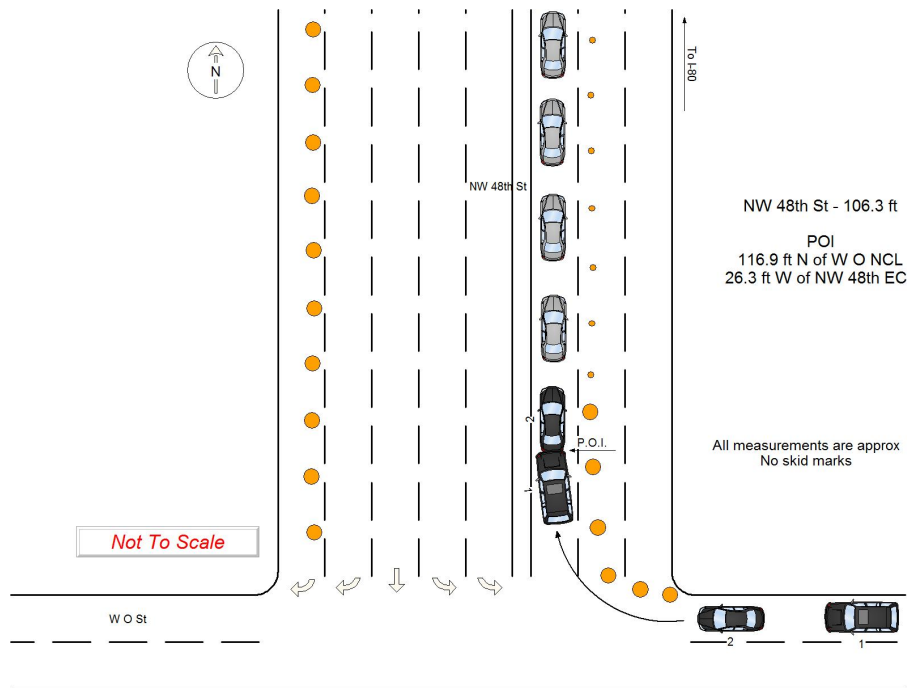
THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B6-043942



Indicate
North
by Arrow



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Veh #2 had just turned northbound onto NW 48th St from W O St. Veh #1 was directly behind Veh #2. D #2 stated he slowed due to traffic to his front slowing. Impact occurred when the right front portion of Veh #1 struck the rear portion of Veh #2. D #1 claimed D #2 was hitting his brakes randomly for no reason, 'brake checking'. D #2 claimed D #1 was driving with the high beams illuminated and was following his vehicle very closely, 'tailgating'.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME	ADDRESS			PHONE
	NAME	ADDRESS			PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS					
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME	VEHICLE 1		VEHICLE 2		VEHICLE 1		VEHICLE 2		VEH 1	2	VEH 2	2
1	X				NW 48th St	POINT OF IMPACT	01	POINT OF IMPACT	05	1 Deployed - front	2			ALCOHOL TESTING	Driver No. 1	Driver No. 2	Pedestrian
2	X				NW 48th St	MOST DAMAGED AREA	01	MOST DAMAGED AREA	05	2 Deployed - side				ALCOHOL LEVEL TESTED	Y	Y	Y
1	01	06 Turning left								3 Deployed - both front/side				BAC LEVEL			
2	11	08 Entering traffic lane								4 Not deployed				ALCOHOL/ DRUGS SUSPECTED	Driver No. 1	Driver No. 2	
01 Essentially straight ahead					09 Leaving traffic lane	00 None	02	03	04	5 Not applicable/ No airbag available	1 None used - vehicle occupant				1	1	
02 Backing					10 Parked	09 Top & windows	01	05	6 Unknown	2 Lap & shoulder belt used					1 Neither alcohol nor drugs suspected		
03 Changing lanes					11 Slowing or stopped in traffic	10 Undercarriage				3 Shoulder belt only used					2 Yes - alcohol suspected		
04 Overtaking/ Passing					12 Other	11 Total (all areas)				4 Lap belt only used				3 Yes - drugs suspected			
05 Turning right					13 Unknown	12 Other				5 Child safety seat used				4 Yes - alcohol & drugs suspected			
										6 DOT approved helmet used				5 Unknown			
										7 Costume helmet used							
										8 Restraint use unknown							

OFFICER NO. 1594	TROOP/ TEAM/ BEAT 1	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Jeffrey Jacobs		INVESTIGATOR SIGNATURE Approved by Officer Jeffrey Jacobs	DATE OF REPORT 05/21/2016